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Bib Data Sheet

CONFIRMATION NO. 3573

SERIAL NUMBER 10/782,385	FILING OR 371(c) DATE 02/18/2004 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 20050/0200895-US0
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## APPLICANTS

Satoshi Mizutani, Kagawa, JAPAN;  
 Yuki Noda, Kagawa, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-040368 02/18/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

25227

## TITLE

INTERLABIAL PAD AND INDIVIDUAL PACKAGING BODY FOR INDIVIDUAL PACKAGE OF INTERLABIAL PAD

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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